



Date Received _____ Operator No. _____

Statement of Mines Net Proceeds Vermiculite Producers Only

For year ending December 31, 20_____
Title 15, Chapter 23, Part 5, MCA

Federal ID _____

Name _____

Address _____

Telephone _____

Contact Name _____

Name of Mine _____

County _____

Section _____ Township _____ Range _____

School District _____

Number of tons of vermiculite _____

Value per ton _____

Taxable Value \$ _____

Schedule of Royalty Interests

Name	Address	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief the information contained herein is true, correct, complete and in compliance with applicable Montana statutes and regulations.

Signature of Principal Officer or Agent

Date

Date due: On or before March 31st. Penalties and interest apply on all delinquent reports pursuant to 15-23-104, MCA.

Mail to: Montana Department of Revenue, P.O. Box 5805, Helena, MT 59604-5805